


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 NOV 21 PM 4:27
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 799000078379

1. Corporation Name
Genex Corp.

2. Principal Office Address <u>4001 SOUTH OCEAN DRIVE</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>9-J</u>		Suite, Apt. #, etc.	
City & State <u>HOLLYWOOD FLORIDA</u>		City & State	
Zip <u>33019</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
9/2/99

5. FEI Number
650944801

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GERARDO MICHALOWITZ

Street Address (P.O. Box Number is Not Acceptable)
4001 SOUTH OCEAN DR.

Suite, Apt. #, Etc.
9-J

City
HOLLYWOOD

State
FL

Zip Code
33019

100004712071--6
 -12/10/01--0103--006
 ***750.00 ***750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
[Signature]

REGISTERED AGENT MUST SIGN

Date
11/20/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>PD</u>	<u>GERARDO MICHALOWITZ</u>	<u>4001 SOUTH OCEAN DR #9-J</u>	<u>HOLLYWOOD FL 33019</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
11/20/01

Daytime Phone #
954570032

CR2001 (9/00)